

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/564624

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2		/		/			52		/	/			
3		/		/			53		/	/			
4		/		/			54		/	/			
5		/		/			55		/	/			
6		/		/			56		/	/			
7		/		/			57		/	/			
8		/		/			58		/	/			
9		/		/			59		/	/			
10		/		/			60		/	/			
11		/		/			61		/	/			
12	/		/				62		/	/			
13		/	/	/			63		/	/			
14		/	/	/			64		/	/			
15		/	/	/			65		/	/			
16		/	/	/			66		/	/			
17		/	/	/			67		/	/			
18		/	/	/			68		/	/			
19		/	/	/			69		/	/			
20		/	/	/			70		/	/			
21	/		/				71		/	/			
22		/	/	/			72		/	/			
23		/	/	/			73		/	/			
24		/	/	/			74		/	/			
25		/	/	/			75		/	/			
26		/	/	/			76		/	/			
27		/	/	/			77		/	/			
28		/	/	/			78		/	/			
29	/		/				79		/	/			
30		/	/	/			80		/	/			
31		/	/	/			81		/	/			
32		/	/	/			82		/	/			
33		/	/	/			83		/	/			
34		/	/	/			84		/	/			
35		/	/	/			85		/	/			
36		/	/	/			86		/	/			
37		/	/	/			87		/	/			
38		/	/	/			88		/	/			
39		/	/	/			89		/	/			
40		/	/	/			90		/	/			
41		/	/	/			91		/	/			
42		/	/	/			92		/	/			
43		/	/	/			93		/	/			
44		/	/	/			94		/	/			
45		/	/	/			95		/	/			
46		/	/	/			96		/	/			
47		/	/	/			97		/	/			
48		/	/	/			98		/	/			
49		/	/	/			99		/	/			
50		/	/	/			100		/	/			
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS						

BEST AVAILABLE COPY

4  
50  
5.4